

Landon State Office Building  
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James R. Behan, Chair  
Steven Sutton, Executive Director

Sam Brownback, Governor

February 11, 2013

The Honorable, Representative Sharon Schwartz  
Chairperson, Joint Committee on Administrative Rules and Regulations  
State Capital Room 149 South  
Topeka, KS 66612

Dear Representative Schwartz:

Pursuant to K.S.A. 77-421, I am forwarding to you a Notice of Hearing for a proposed amended regulation of the Board of Emergency Medical Services. Proposed amended regulation K.A.R. 109-2-5, removes redundancy regarding statistical information submitted to the Board already in 109-2-2, mandates that each service maintain a duty roster and insures each service has their medical protocols approved annually. The revisions are proposed for adoption on a permanent basis. Our staff will be happy to work with you in scheduling an opportunity for the Committee to review this regulation.

Respectfully,

Steve Sutton, Executive Director  
Kansas Board of Emergency Medical Services  
L.S.O.B., 900 S. W. Jackson, Suite 1031  
Topeka, Kansas 66612-1228

Enclosure

cc: Senator Vicki Schmidt  
Representative Jan Pauls  
Raney Gilliland, Interim Director, Legislative Research Department  
CRRB

## **NOTICE OF HEARING ON PROPOSED ADMINISTRATIVE REGULATIONS K.A.R. 109-2-5**

A public hearing will be conducted at 08:00 a.m., Monday, April 29, 2013, in Room 560, of the Landon State Office Building, 900 SW Jackson, to consider the adoption of proposed changes in existing rules and regulations.

This 60-day notice of the public hearing shall constitute a public comment period for the purpose of receiving written public comments on the proposed rules and regulations. All interested parties may submit written comments prior to the hearing to the EMS Operations Manager, Room 1031, 900 SW Jackson, Topeka, Kansas 66612. All interested parties will be given a reasonable opportunity to present their views orally on the adoption of the proposed regulations during the hearing. In order to give all parties an opportunity to present their views, it may be necessary to request that each participant limit any oral presentations to five minutes.

Any individual with a disability may request accommodation in order to participate in the public hearing and may request the proposed regulations and economic impact statements in an accessible format. Requests for accommodation to participate in the hearing should be made at least five working days in advance of the hearing by contacting Ann Stevenson, at (785) 296-7296, Handicapped parking is located in front of and to the north of the Landon State Office Building.

These regulations are proposed for adoption on a permanent basis. A summary of the proposed regulation and the economic impact statement follow.

**109-2-5. Ambulance service operational standards.** (a) Each ground ambulance shall have a two-way, interoperable communications systems to allow contact with the ambulance service's primary communication center and with the medical facility, as defined by K.S.A. 65-411 and amendments thereto, to which the ambulance service most commonly transports patients.

(b) Smoking shall be prohibited in the patient and driver compartments of each ambulance at all times.

(c) Each operator shall ensure that the interior and exterior of the ambulance are maintained in a clean manner and that all medications, medical supplies, and equipment within the ambulance are maintained in good working order and according to applicable expiration dates.

(d) Each operator shall ensure that freshly laundered linen or disposable linen is on cots and pillows and ensure that the linen is changed after each patient is transported.

(e) When an ambulance has been utilized to transport a patient known or suspected to have an infectious disease, the operator shall ensure that the interior of the ambulance, any equipment used, and all contact surfaces are disinfected according to the ambulance service's infectious disease control policies and procedures. The operator shall place the ambulance out of service until a thorough disinfection according to the ambulance service's infection control policies and procedures has been completed.

(f) Each operator shall ensure that all items and equipment in the patient compartment are placed in cabinets or properly secured.

(g) Each operator shall park all ground ambulances in a completely enclosed building with a solid concrete floor. Each operator shall maintain the interior heat of the enclosed building at no less than 50 degrees Fahrenheit. Each operator shall ensure that the interior of the building is kept clean and has adequate lighting. Each operator shall store all supplies and equipment in a clean

and safe manner.

(h) Each licensed ambulance shall meet all regulatory requirements for the ambulance license type, except when the ambulance is out of service.

(i) If an operator is unable to provide service for more than 24 hours, the operator or agent shall notify the executive director and submit an alternative plan, in writing and within 72 hours, for providing ambulance service for the operator's primary territory of coverage. The alternative plan shall be subject to approval by the executive director and shall remain in effect no more than 30 days from the date of approval. Approval by the executive director shall be based on whether the alternate plan will provide sufficient coverage to transport and provide emergency care for persons within the operator's primary territory. A written request for one or more extensions of the alternative plan for no more than 30 days each may be approved by the executive director if the operator has made a good faith effort but, due to circumstances beyond the operator's control, has been unable to completely remedy the problem.

(j) Each operator subject to public call shall have a telephone with an advertised emergency number that is answered by an attendant or other person designated by the operator 24 hours a day. Answering machines shall not be permitted.

(k) Each operator shall produce the ambulance service permit and service records upon request of the board.

(l) Each operator shall maintain service records for three years.

(m) Each operator shall ensure that documentation is completed for each request for service and for each patient receiving patient assessment, care, or transportation. Each operator

shall furnish a completed copy or copies of each patient care report form upon request of the board.

(n) Each operator shall maintain a daily record of each request for ambulance response. This record shall include the date, time of call, scene location, vehicle number, trip number, caller, nature of call, and disposition of each patient.

(o) Each operator shall maintain a copy of the patient care documentation for at least three years.

(p) Each operator shall ensure that a copy of the patient care documentation for initial transport of emergency patients is made available to the receiving medical facility, within 24 hours of the patient's arrival.

~~(q) Each publicly subsidized operator shall provide the following statistical information to the board before March 1 each calendar year:~~

~~(1) The number of emergency and nonemergency ambulance responses and the number of patients transported for the previous calendar year;~~

~~(2) the operating budget and tax subsidy;~~

~~(3) the charge for emergency and nonemergency patient transports, including mileage fees; and~~

~~(4) the number of full time, part time, and volunteer staff.~~ Each operator shall maintain a current duty roster that demonstrates compliance with K.S.A. 65-6135, and amendments thereto. The duty roster shall reflect appropriate staffing for the service and ambulance type as specified in K.A.R. 109-2-6 and 109-2-7.

(r) Each operator shall provide a quality improvement or assurance program that

establishes medical review procedures for monitoring patient care activities. This program shall include policies and procedures for reviewing patient care documentation. Each operator shall review patient care activities at least once each quarter of each calendar year to determine whether the ambulance service's attendants are providing patient care commensurate with the attendant's scope of practice and local protocols.

(1) Review of patient care activities shall include quarterly participation by the ambulance service's medical director in a manner that ensures that the medical director is meeting the requirements of K.S.A. 65-6126, and amendments thereto.

(2) Each operator shall, upon request, provide documentation to the executive director demonstrating that the operator is performing patient care reviews and that the medical director is reviewing, monitoring, and verifying the activities of the attendants pursuant to K.S.A. 65-6126, and amendments thereto, as indicated by the medical director's electronic or handwritten signature.

(3) Each operator shall ensure that documentation of all medical reviews of patient care activities is maintained for at least three years.

(4) Within 60 days after completion of the internal review processes of an incident, each operator shall report to the board on forms approved by the board any incident indicating that an attendant or other health care provider functioning for the operator met either of the following conditions:

(A) Acted below the applicable standard of care and, because of this action, had a reasonable probability of causing injury to a patient; or

(B) acted in a manner that could be grounds for disciplinary action by the board or other

applicable licensing agency.

(s) Each ambulance service operator shall develop and implement operational policies or guidelines, or both, that have a table of contents and address policies and procedures for each of the following topics:

- (1) Radio and telephone communications;
- (2) interfacility transfers;
- (3) emergency driving and vehicle operations;
- (4) do not resuscitate (DNR) orders, durable powers of attorney for health care decisions, and living wills;
- (5) multiple-victim and mass-casualty incidents;
- (6) hazardous material incidents;
- (7) infectious disease control;
- (8) crime scene management;
- (9) documentation of patient reports;
- (10) consent and refusal of treatment;
- (11) management of firearms and other weapons;
- (12) mutual aid, which means a plan for requesting assistance from another resource;
- (13) patient confidentiality;
- (14) extrication of persons from entrapment; and
- (15) any other procedures deemed necessary by the operator for the efficient operation of the ambulance service.

(t) Each ambulance service operator shall provide the operational policies to the executive

director, upon request.

(u) Each ambulance service operator shall adopt and implement medical protocols developed and approved in accordance with K.S.A. 65-6112, and amendments thereto. The medical protocols shall be approved annually.

(v) Each operator's medical protocols shall include a table of contents and treatment procedures at a minimum for the following medical and trauma-related conditions for pediatric and adult patients:

- (1) Diabetic emergencies;
- (2) shock;
- (3) environmental emergencies;
- (4) chest pain;
- (5) abdominal pain;
- (6) respiratory distress;
- (7) obstetrical emergencies and care of the newborn;
- (8) poisoning and overdoses;
- (9) seizures;
- (10) cardiac arrest;
- (11) burns;
- (12) stroke or cerebral-vascular accident;
- (13) chest injuries;
- (14) abdominal injuries;



- (15) head injuries;
- (16) spinal injuries;
- (17) multiple-systems trauma;
- (18) orthopedic injuries;
- (19) drowning; and
- (20) anaphylaxis.

(w) Each operator shall make available a current copy of the ambulance service's operational policies or guidelines and medical protocols to any person listed as an attendant and any other health care provider on the ambulance service's attendant roster. (Authorized by K.S.A. ~~2011 Supp. 65-6110, as amended by L. 2011, ch. 114, sec. 81,~~ and K.S.A. ~~2010~~ 2011 Supp. 65-6111; implementing K.S.A. ~~2011 Supp. 65-6110, as amended by L. 2011, ch. 114, sec. 81,~~ K.S.A. ~~2010~~ 2011 Supp. 65-6112, as amended by L. 2011, ch. 114, sec. 82, K.S.A. 2011 Supp. 65-6126, ~~as amended by L. 2011, ch. 114, sec. 87,~~ K.S.A. 65-6130, and K.S.A. ~~2010~~ 2011 Supp. 65-6135, ~~as amended by L. 2011, ch. 114, sec. 66;~~ effective May 1, 1985; amended, T-88-24, July 15, 1987; amended May 1, 1988; amended Aug. 27, 1990; amended Aug. 16, 1993; amended Jan. 31, 1997; amended Jan. 27, 2012; amended P-\_\_\_\_\_.)

## **Kansas Board of Emergency Medical Services**

### **Economic Impact Statement**

#### **K.A.R. 109-2-5**

##### **I. Summary of Proposed Regulation, Including its purpose.**

K.A.R.109-2-5. The regulation applies to ambulance service operational standards. During a revision last year the duty roster was inadvertently omitted and there was some redundancy in 109-2-5 that was also listed in 109-2-2. Removing the redundancy in 109-2-5 was a better option and is more pertinent to 109-2-2 which deals with service licensing requirements.

##### **II. Reason or Reasons the Proposed Regulation Is Required, Including Whether or Not the Regulation Is Mandated by Federal Law.**

The change in the regulation reinserts the requirement that an ambulance service has to maintain a duty roster or duty schedule. Having a schedule or duty roster, that is presented upon request during a service inspection, allows the Board to insure the service has enough staffing to safely operate. This will also recognize a service that maybe waning and require state resources and or assistance. There was also some redundancy regarding publically subsidized data in 109-2-5 subsection (q) that is required, but the language is also in 109-2-2 subsection (q). This regulation is not mandated by federal law, and, therefore, the regulation does not exceed the requirements of federal law.

### **III. Anticipated Economic Impact upon the Kansas Board of Emergency**

#### **Medical Services.**

There will be no overall cost to the Kansas Board of Emergency Medical Services associated with the implementation of this regulation.

### **IV. Anticipated Economic Impact upon Other Governmental Agencies and upon Private Business or Individuals.**

The Board does anticipate an economic impact on other governmental agencies, private businesses or individuals.

### **V. Anticipated Economic Impact upon Consumers of the Services Subject to the Regulation or its Enforcement.**

The Board does anticipate an economic impact on other governmental agencies, private businesses or individuals. Each service could incur a very minute cost in developing a duty roster.

### **VI. Less Costly or Intrusive Methods That Were Considered, but Rejected, and the Reason for Rejection.**

No less costly or intrusive methods were considered.